



ARIZONA DEPARTMENT OF PUBLIC SAFETY

Arizona Department of Public Safety • PO Box 6328 • Phoenix, AZ. • 85005-6328.

SECURITY GUARD REGISTRATION APPLICATION

Include a \$10 late fee if past the expiration date

- ☐ Initial unarmed SG application *, 5
☐ Renewal unarmed SG application *, 1, 5

- ☐ Initial armed SG application *, 2, 3, 5
☐ Renewal armed SG application *, 3, 5
☐ Upgrade to armed SG application *, 2, 6

- ☐ Initial SG associate application *, 4
☐ Renewal SG associate application *, 4
☐ Additional employer-Armed-New agency

PLEASE INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD: Driver's license, Passport, Etc.*

APPLICANTS MUST INCLUDE AN ADDITIONAL \$22 FOR THE FBI FINGERPRINT PROCESSING FEE

The applicant's fingerprints will be used to check the criminal history records of the FBI. The procedures for obtaining a change, correction, or updating of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

¹ Part A is **NOT** required on Unarmed renewals

² Armed applicants with military experience **MUST** attach a copy of DD214

³ Includes an unarmed guard card

⁴ Associate is defined as a partner or corporate officer.

⁵ Complete the Unarmed verification
⁶ Complete the Armed verification

PART A - Employer
Complete this section

AGENCY NAME:		AGENCY LICENSE NUMBER:		EXPIRATION DATE:	
BUSINESS STREET ADDRESS:		SUITE:	CITY:	STATE	ZIP CODE
PRINTED NAME OF AUTHORIZED SIGNER		TITLE OF SIGNER			

By signing below, I certify that I intend to employ the applicant named below, after his/her application has been processed and approved by the Arizona Department of Public Safety.

Authorizing Signature

Date of Signature

PART B - Employee/Applicant
To complete this section

LAST NAME		FIRST NAME		MIDDLE NAME	
LIST OTHER NAME(S) YOU HAVE USED				SOCIAL SECURITY NUMBER	
STATE/COUNTRY OF BIRTH	BIRTH DATE (MM / DD / YYYY)	HEIGHT FT. IN.	WEIGHT LBS.	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	EYE COLOR
HOME STREET ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (STREET OR P.O. BOX)		APT. NO.	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		

IF APPLYING FOR A NEW ARMED GUARD REGISTRATION, RENEWAL OF AN ARMED GUARD REGISTRATION, OR AN UPGRADE TO AN ARMED REGISTRATION, YOU MUST ANSWER THE FOLLOWING QUESTIONS.

ARE YOU A PROHIBITED POSSESSOR UNDER STATE OR FEDERAL LAW? YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OR CURRENTLY HAVE A CHARGE PENDING? YES ☐ NO ☐
IF YES, Please Explain:

ARE YOU AN ARIZONA DEPARTMENT OF PUBLIC SAFETY EMPLOYEE, RESERVE OR VOLUNTEER? YES ☐ NO ☐

YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED!

I certify that all of the information and statements on this form are true and correct. I understand that I may be charged with a criminal offense for making false statements or omitting information on this application.

If you are aware the enclosed payment exceeds the amount due, and the overpayment is \$10.00 or less, signing this application indicates your agreement to have the excess funds donated to the STATE GENERAL FUND. Fees are subject to change and are not refundable per A.R.S. §41-1750.J.

X

Applicant's Signature

Date of Signature

ONLY THE INSTRUCTOR/TRAINER AND QUALIFYING PARTY/RESIDENT MANAGER COMPLETES THESE SECTIONS

PART C
UNARMED
VERIFICATION
if applicable.

As required by A.R.S. §32-2632, the above named security guard has completed the minimum 8-hour unarmed training program conducted by:

Name of Unarmed Trainer (Print Legibly)

Signature of Unarmed Trainer (per AAC R13-6-601)

DATE UNARMED TRAINING COMPLETED

Signature of Qualifying Party or Resident Manager of Hiring/Sponsoring Security Guard Agency (per AAC R13-6-601)

Date of Signature

PART D
ARMED TRAINING
VERIFICATION
if applicable.

As required by A.R.S. §32-2632, the above named security guard has completed the DPS approved firearms-safety training program:

TYPE OF WEAPON QUALIFIED WITH

TRAINING COMPLETED

CERTIFICATION TYPE (NRA-type, AZPOST / ALEOAC, DOC)

DATE COMPLETED

☐ Revolver

☐ Semi-Auto

☐ 16-HRS

☐ 8-HRS

Firearm-Safety Instructor's Name (Print Legibly)

Firearm-Safety instructor license #

Firearm-Safety Instructor's Signature (per AAC R13-6-603)

Date of Signature

SECURITY GUARD AGENCY'S NAME

S.G. AGENCY'S LICENSE NUMBER

IS TRAINING CURRICULUM ON FILE WITH DPS?

Printed Name of Qualifying Party or Resident Manager (Print Legibly)

Signature of Q.P. or Resident Manager (per AAC R13-6-603)

Date of Signature

ISSUE
DATE

EXP
DATE

REG
NO.

ACTIVE
AGENCY

AUTH
SIGN

WORK
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